

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Instructions:

1. Complete and sign authorization agreement.
2. Include a voided check (for checking accounts) or deposit slip (for savings accounts).
3. Fax complete form and voided check or deposit slip to (603) 224-4256 or mail to:

Flexible Benefits Department
Combined Services LLC
15 North Main Street, Suite 300
Concord, NH 03301-4945

Employer: _____

I hereby authorize Combined Services LLC (CSLLC) to initiate deposits to the bank account indicated below. I authorize credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account. I understand that in the future, all entry notifications to me may be made via e-mail.

Please check one: New _____ Change _____ Cancel _____

Account Type (Checking/Savings)

Transit ABA Routing #

Account Number

Bank Name: _____

Bank Address: _____

Bank Phone: () _____

Please Print Your e-mail Address

Please Print Your Name

Signature

Date